



Licensure Bureau

CERTIFICATE OF NEED PROGRAM MONTHLY REPORT

January 2019

No activity this month.

NAME	LOCATION	PROPOSAL	CAPITAL EXPENSE*	LOI	MTH	CR	APP DUE	APP RECEIVED	HEARING REQ/DATE	DEC DEADLINE	DECISION & DATE	REC REQ

Name of facility in **BOLD** indicates a new request for report month. * First-year operating cost HHA (may not be strictly comparable).

APP Application	DATES Month/Day/Year	IHS Indian Health Service	N/A Not Applicable	SNF Skilled Nursing Facility
ASC Ambulatory Surgical Center	DEC Decision	LOI Letter of Intent	NH Nursing Home	TBA To Be Announced
CDU Chemical Dependency Unit	DISMISS Appeal dismissed	LTC Long-Term Care	NR Non-Reviewable Project	TBI Traumatic Brain Injury
CHOW Change of ownership	FAC Facility	MTH Month of Notice	REQ Request	Y Approval or Yes
CO County	H Hospital	N Disapproval or No	REC REQ Reconsideration Hearing of Decision	10/10 Ten Bed/Ten Percent Rule (50-5-301, MCA)
CR Comparative Review	HHA Home Health Agency			